PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FEE TRANSMITTAL Complete if known JUN 1 6 2005 Application Number 09/664,893 For FY 2005 Filing Date 09/19/2000 Effective 12/05/2004. Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). First Named Inventor Everson et al. Applicant Paims small entity status. See 37 CFR 1.27 **Examiner Name** P. Parthasarathy Art Unit 2136 TOTAL AMOUNT OF PAYMENT 600.00) Attorney Docket No. 1348(30604) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): 21-0765 Deposit Acct. Name: Sprint Communication Company LP □ Deposit Account: Deposit Acct. Number: ______ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Credit any overpayments □ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except the filing fee to the under 37 CFR 1.16 and 1.17 above-identified deposit Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 Reissue 500 600 300 300 150 250 **Provisional** 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) **Total Claims** 28 - 20 or HP = 50 400 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 4 - 3 or HP = 200 HP = highest number of total claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Extra Sheets** Fee Paid (\$) **Total Sheets** - 100 = / 50 = (round up to a whole number) OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other:

SUBMITTED BY				(C	(Complete (if applicable)		
Name (Print/Type)	Mark L. Mollon	Registration No. (Attorney/Agent)	31,123	Telephone (734) 542-0900			
Signature	Mark I Mallor	7		Date	June 14, 2005		

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